PTC/SB/06 (08-03) d for use through 7/31/2008. CMB 0851-0032

									dormation unte	ss & displ	ays a valid OMB	control number.
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application of Dockal Number 9/738618		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY	OR		R THAN ENTITY
FOR MUMBER FILED NUMBER EXTR				ER EXTRA	1	RATE	FEE	ĺ	RATE	FEE		
BASIC FEE; (37 CFR 1.16(a))			•						1	OR		,
	TAL CLAUIS CFR 1.16(c[)		enthus 20 o			•		× 5 •		OR	× 3 •	
	EPERDENT CUA CFR 1.16(b))	IMS	orine		•		1	×4•		OR	X 1 .	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))						1	+: •		OR	+:		
* If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II												
9	114105							SMALL	ENTITY	OR		R THAN ENTITY
MTA		CLADA REMAIN AFTE AMENDA	NG R	PR	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Con case i Traficio Logal	43	Min	"	43	•]	<u>, 25 .</u>		OR	x.50.	
ā	Independent (IF CFR 1.10)()	7	Min	•	7	•		× 100 -		OR	x s <u>200</u> -	
\$	FIRST PRESENT	TATION OF M	ATPLE DEPE	KDENT (2.AM (37 CF	FR 1.15(Ø)		+1/80.		OR	+=360	
								TOTAL ADD'L FEE		OR '	TOTAL ADD'L FEE	·
7/18/05 (Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIM REMAINI APTER AMENDN	NG	PR	figheat Number EVIOUSLY 'AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total CF OFR 1.1E(C)	36	Minu	-20-		•		X 8 =		OR	x 8 =	
Ð	brdspendest gr crit ungg	6	Milau	7	• /	,	Ч	<u> </u>		OR	X 8 4	
FRST PRESENTATION OF MATPLE DEPONDET CLAIM (2) OFR 1.18(4)								: - -		OR		
								TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
		(Column		_	Column 2)	(Column 3)						
AMENDMENT C	10-16-06	CLABAS REMAINS AFTER AMENDMI	NO ENT	PRI Pr	IIGHEST IUMBER EVIOUSLY AD FOR	PRESENT EXTRA		RATE .	ADDI- TICHAL FEE		RATE	ADDI- TIONAL FEE
N	Total profit lines	3	Minu	14	43	٠0.		x 8•		OR	X3	
包	Independent (07 GPR 1.16(a))	5_	Minu		7	·′Ø		x \$•		OR	x3	
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.18(3))							+1 +		OR	+ 1 -	·
* If the entry in column 1 is less than the entry in column 2, write "I" in column 1.								ADD'L FEE		OR	ADD'S FEE	
•	' If the entry to co ' If the "Highest f ' If the "Highest b	fumber Prev	lously Pald F	a' (N TI	HIS SPACE I	s less than 20,	orte	r '20'.			·	

"If the "Highest Number Previously Paid For' In TMIS SPACE is less than 3, enter "I".

The 'Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. This information is required to obtain or return a benefit by the public which is to lide (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This ordisction is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the the USPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Abstandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cell 1-800-PTO-9109 and select option 2.